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APPLICANTS

Clark Edward Lubbers, Colorado Springs, CO;

Randy L. Roberson, New Port Richey, FL;

** CONTINUING DATA *****

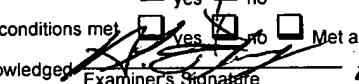
none AF

** FOREIGN APPLICATIONS *****

none AF

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** 12/03/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged  Examiner's Signature 				

ADDRESS

David K. Lucente
 Seagate Technology LLC
 Intellectual Property - COL2LGL
 389 Disc Drive
 Longmont, CO
 80503

TITLE

Adaptive mapping

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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